

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 09/12/03.

I. DISPUTE

Whether there should be reimbursement for CPT code E1399 billed for date of service 09/23/02 thru 10/22/02 and 10/23/02 thru 11/22/02.

II. RATIONALE

Review of the requestors' position statement dated 10/09/03 states in part..."Payment has been made based on old fee guidelines for E0745, which had a D code in the pre 1996 fee schedule, which is not a comparable device as it provides only muscle stimulation. The Commission has not established a maximum allowable for the RS4I Sequential Stimulator. The RS4I provides 2 modalities...4 channel muscle stimulation plus interferential electrotherapy, providing equivalent therapy of 2 devices, therefore a higher fee allowance is reasonable & warranted...There are no fee guidelines for devices billed under E1399..." The requestor provided a copy of the product information & pricing documentation, the prescription from the patient's doctor of record, and copies of EOBs from carriers who are paying at listed price.

Review of the respondent's position statement dated 10/02/03 states in part.... "The 04/01/96 TWCC Medical Fee Guideline, Durable Medical Equipment Ground Rule, IX, C. states...Invoices should be billed at the provider's usual & customary rate. Reimbursement shall be an amount pre-negotiated between the provider and carrier or if there is no pre-negotiated amount, the fair and reasonable rate. A fair & reasonable reimbursement shall be the same as the fees set for the "D" codes in the 1991 Medical Fee Guideline...The 1991 TWCC Medical Fee Guideline provided a fair & reasonable reimbursement for rental of a muscle stimulator, \$150."

Although the insurance carrier has determined a fair and reasonable reimbursement amount through an internal methodology, the requestor has provided documentation to demonstrate that the amount billed is fair and reasonable per Rule 133.307 (g)(3)(D-E); therefore, an additional reimbursement of \$200.00 is recommended.

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement of \$200.00 for CPT code E1399. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$200.00** plus all accrued interest due at the time of payment to the Requestor within 20 days of receipt of this Order.

The above Findings, Decision, and Order is hereby issued this 8th day of April 2005.

Patricia Rodriguez
Medical Dispute Resolution Officer
Medical Review Division

PR/pr